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Project Director: Dr. Bonnie J. Kay

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Project No: E-22-612

Project Director: Bonnie J. Kay

Sponsor: North Central Georgia Health Systems Agency, Inc.

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A DESCRIPTIVE SURVEY OF COUNSELING  
SERVICES PROVIDED BY ATLANTA  
ABORTION FACILITIES

by

Bonnie J. Kay, Ph.D.

Health Systems Research Center  
Georgia Institute of Technology

Atlanta, Georgia  
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## SUMMARY

A descriptive survey was made of ten Atlanta facilities offering first trimester elective abortion services. These facilities provide at least 85 percent of all first trimester abortions performed in Georgia. Thus, this survey describes essentially the elective abortion service delivery system statewide. The survey has focused on the social services component of services. Content, approach and emphasis of this non-medical component are discussed.

Many aspects of the services presently provided by each facility are similar even though no registration or regulatory requirements exist on a municipal, county or statewide basis. Differences between clinics concern chiefly the social service component and involve such things as individual versus group counseling, structured versus unstructured sessions on birth control, the amount of detail given the patient about the medical procedure, the manner in which such services are provided, and so forth.

A summary table of clinic characteristics and policies is included along with examples of consent forms, after-care instructions and patient feedback.

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## INTRODUCTION

This report concerns a descriptive survey of counseling services available at ten first trimester abortion clinics located in Atlanta. The bulk of first trimester procedures are performed at seven of these facilities and comprise about 85 percent of such procedures performed statewide. Eight of these facilities are free-standing clinics, the remaining two are located in in-patient facilities. With the exception of two free-standing clinics (located in Columbus and Augusta) this survey covers all ambulatory facilities performing the vast majority of first trimester procedures in Georgia.

The survey's objective is to describe the Atlanta-area abortion service delivery system in terms of the characteristics of services provided by individual facilities. For purposes of clarification, abortion services can be thought of as comprising a structural component (the physical plant, size and qualifications of staff members), a medical component (the procedure itself, related laboratory tests, preparation and recovery periods), and a social services component. The emphasis in this description will be on the latter.

Elective abortion has been a legally viable alternative to continuing an unplanned-unwanted pregnancy to term on a nationwide basis since January 1973. Despite this fact, the availability of abortion services remains considerably below the estimated need for those services (1). This is particularly true for states which are predominantly rural and for localities other than the northeastern and far western sectors of the United States. Economic access to services has recently been

restricted through passage of legislation which prohibits the use of public funds to pay for most elective abortions.

At the same time, in large metropolitan centers where the availability of elective abortion is not critical, there are limited data which suggest that the number of women receiving second and third (and more) abortions has been steadily increasing since 1973 (2,3). Teenagers appear to have the highest rate of increase for repeat abortions. Reasons for these increases are complex. A certain percentage of repeat abortions can be predicted due to mechanical failures of conscientiously used contraceptive devices. Other reasons, lack of information, lack of access to family planning services, behavioral and attitudinal explanations, are not as easily measured.

Until 1973, no data were obtainable on a national scale which could be used to evaluate the impact of elective abortion although a substantial amount of data is now being accumulated on physiological consequences. There presently exists considerable debate in medical circles surrounding long-term physiological effects of repeated abortions (4). Studies citing both benign and negative impacts have been reported in the literature (5). In contrast, there is a long series of questions related to social and economic aspects of repeat abortions that has received little attention; for example, is abortion being substituted for contraception as a family planning method?; how many repeat abortions are performed because of the lack of information and access to effective contraception?; are there economic incentives in the delivery system which encourage repeat abortions?

Although nationally a legal procedure for over five years, controversy continues to surround the issue of legalized, elective abortion. Public health officials, charged with satisfying both constituents and



the courts, frequently find themselves in the midst of such controversy. While there presently exists no conclusive answer to the physiological and psychological harmfulness (or lack thereof) of repeated pregnancy termination, social and political pressures generally work against its repeated use as a birth control method. For many who would see elective abortion as a one-time only procedure (i.e., when contraceptives had failed resulting in a pregnancy), repeated abortions are particularly distasteful.

Reducing the long-range need for elective abortion presents a more socially acceptable and realistic objective in that it recognizes existing needs which should be legitimately met while working to prevent future needs. Social-behavioral and economic questions thus become increasingly important. Because of the difficulty in obtaining valid and accurate data, such questions are frequently pushed aside in favor of more easily measured physiological variables and evaluations of the physical environment of the facility (6). Health departments often spend considerable time in writing regulations addressing the latter while passing off the social services component as superfluous (7). In an area already rife with controversy, policy planners and evaluators have tended to stick with the most objective aspects of the abortion service (the medical and physical environments) and focused on short-term objectives assuring the provision of safe procedures to all recipients.

The City of Atlanta presents no specific regulations for operating a facility which provides elective abortion services. As one clinic staffer put it, "it's possible to pitch a tent in Central City Park and do abortions in this city." Regulation is thus solely a function of the physician or groups of physicians at each facility and their license to practice. Despite the wide leeway, abortion services surveyed as part



of this project were similar in a number of respects. Part of this similarity is due to the fact that the medical procedure involved is relatively well defined. Another possible explanation is that as providers of a controversial service, many clinics are involved and in touch with national pro-choice organizations which facilitate information flow. There presently exists an association of abortion clinic providers which works toward this same end (8).

One difference between clinics frequently concerns the social services component of abortion services. All facilities visited in the Atlanta survey had staff members identified as "counselors" and all performed some functional part of the total service provided to each patient. From the interviews there emerged several differing philosophies as to what the counseling component should be--particularly with regard to the approach toward the patient. This will be described in more detail later in this report. Suffice it to say at this point that in half the facilities visited, the counseling approach had been overtly developed. In the remaining clinics it was more dependent on the individual filling the counselor role.

It should be stated at the outset of this report that there exists no conclusive evidence to suggest that the social services component of abortion services has had measurable impact on a woman receiving an abortion (9). Because of this, there can be no "good" or "bad" clinic based on the particular characteristics of its counseling program. On the other hand, there exists no definitive evidence to suggest it is unimportant either. This survey indicated that variation in the characteristics of social services provided by abortion facilities in Atlanta do exist. This report is intended to describe these differences and not to make any particular judgement about them. Quite the contrary, this situation

provides a good opportunity to study such variation in a scientifically objective fashion. A number of facilities interviewed expressed an interest in learning more about such a proposed study.

In the following, the term "patient" will be used as a synonym for the women who receive services at each facility. Although this word has usually indicated a person who is ill and seeks medical care to restore her/his health, this is not the connotation meant here. It is used as a term of expediency only. The term "counseling" is used as a synonym for services provided to the patient of a non-medical nature only. It is not meant to define any particular hierarchical or other type of relationship between the patient and the provider of the counseling service.

#### METHOD OF PROCEDURE

Although this survey was descriptive rather than quantitative in nature, a conscious attempt was made to assure uniformity in the approach to collecting information from each facility. A brief, introductory letter was sent to the administrative director or director of counseling of each of the following facilities: Hillcrest Clinic, VIP Clinic-Grady Hospital, Summit Medical Center, Atlanta Center for Reproductive Health, Feminist Women's Health Center, Atlanta Women's Medical Center, Southern Health Foundation, Atlanta Women's Pavilion, Northside Family Planning. One exception to this approach was Midtown Hospital. Midtown was contacted before the survey officially began. Initial contacts at this facility were informal although the information obtained covered the same areas as with the other facilities. As a provider of chiefly second trimester abortions, it generally is not within the scope of this survey. It has been included, however, because of its close connection with

Northside Family Planning Clinic (counselors from both facilities rotate between the two), because it does provide some first trimester abortions, and because it has working agreements with several other clinics to perform second trimester procedures on referred patients from these facilities.

A follow-up phone call was made to each facility arranging an interview appointment. At this point, for several clinics, the director delegated the interview to the director of counseling or to a counselor on staff. Of ten facilities interviewed, in seven cases the director of counseling or senior counselor in charge was interviewed only, and in the remaining three cases, the director and counseling director or entire counseling staff were interviewed together.

A uniform interview format was followed beginning with a description of the patient's path through the clinic, proceeding to a more specific, in-depth description of the counseling session. Actual counseling sessions were not observed. At least 50 percent of the clinics routinely did one-to-one counseling and it was felt that a third person would be obtrusive enough observing one or two sessions that an accurate picture of what routinely occurred would not be obtained. Counseling situations were instead simulated by role playing and "what would you do if..." and "how would you handle..." structured questions. In general, the interviewee directed each interview. With the exception of two or three cases, minimal explicit questioning was required. Finally a set of questions asking for general, rough estimates of characteristics of the patient population were posed. Interview sessions ranged from 45 minutes to two hours in length. All personnel were cooperative and helpful in giving the information requested and answering specific questions.

## RESULTS OF THE SURVEY: A DESCRIPTION OF SERVICES

The well-defined nature of the medical procedure involved in first trimester pregnancy termination establishes a set of services which are common to most first trimester facilities. The Atlanta case is no exception. Distinguishing differences between clinics do exist but are a matter more of how services are delivered rather than the specific services themselves.

A basic patient flow pattern consists of: 1) initial telephone contact, 2) registration at the clinic (the patient completes a medical history form), 3) laboratory work up, 4) counseling session, 5) medical procedure and 6) post-op recovery period. One variation in this pattern occurred in three clinics which put the counseling session immediately after registration with the lab work-up and medical procedure following. One of these clinics required at least two visits by the patient, one for registration, counseling and lab work/pre-exam, and a second for the procedure. Another variation include a second counseling session during the post-op recovery period. Laboratory work-up generally included a confirmatory pregnancy test, hematocrit, and Rh factor determination and VD screening tests as a minimum. RhoGAM is administered to those requiring it.

Of any of the components of the abortion service, social services is most subject to variation in content, in approach and in emphasis. The following description will examine each one of these factors separately and summarize the existing abortion services delivery system in terms of them.

### Content

Social services can include 1) advising-informing the patient about the medical procedure, 2) examining, with the patient, the emotional



aspects of her decision to terminate her pregnancy, and 3) advising-informing the patient about contraception. Atlanta clinics are not atypical in this regard. The services in each facility visited incorporate some or all of these aspects. In some cases where all three aspects are not present, it is a matter of placing considerable emphasis on one aspect such that the others are de-emphasized by virtue of lack of time with the patient. In others, an aspect has been overtly (intentionally) omitted in accord with a general philosophy set by the particular facility.

#### Medical Procedure

All clinics surveyed dealt with the medical procedure in some fashion. Some went into considerable detail describing what it would feel like, showing examples and/or pictures of the equipment, (a speculum, a cannula, the aspirator, etc.), describing the medication and its effects and explaining what it did. Others described a step-by-step process in terms of what the patient would do and where she would go (e.g., "first you will disrobe and put on a paper gown; you'll be given several medications; the doctor will examine you to check the size of your uterus; then the contents of your uterus will be removed by suction; you'll be taken to a recovery area where you can rest and then get dressed," etc.). Some did both. All dealt with after-care, complication signs to watch for and what to do in case of an emergency. All provided an emergency phone number. A description of the medical procedure was the most formalized part of the counseling session. Since all patients must sign a consent form for the procedure, some structured explanation is to be expected.

#### Psychological Counseling

The treatment of the second aspect, emotional repercussions of the decision to abort, showed a wide variation between clinics. At least two clinics overtly omit this aspect. Rationale for this action



appears to be that the available time and staff is not sufficient to deal with each person's psycho-emotional perceptions without actually creating problems. One clinic dealt with this (emotional aspect) by developing the idea that abortion is not bad--medically or socially. The major response to this area from interviewees, however, was that a large majority of patients had already dealt with their feelings about having an abortion and the few cases of indecision were handled on an individual basis.

There was one exception to the above. One clinic, in accord with a developed and articulated "counseling philosophy," did appear to routinely incorporate dealing with the emotional aspect in some formalized fashion. This facility had worked out a system of check points where the patient could be screened for potential or anticipated emotional problems. The time allocated to "counseling" at this facility was relatively high as compared with other clinics in the survey.

#### Contraceptive Counseling

Two approaches toward contraceptive counseling appeared. One was a more structured teaching session and tended to occur when patients were counseled in groups. The other was an individualized response to patient-initiated questions. The latter tended to occur more when patients were counseled individually. Clinics varied with respect to the amount and type of reading material available on various contraceptive methods. Several wrote their own pamphlets or handouts on the Pill, IUD, foam and diaphragm. These were available in waiting areas of the facility. Three clinics had video-cassette tape players in waiting areas where patients could watch a tape on contraception and related topics. Eight clinics had various plastic models and/or wall charts and examples of different contraceptives available to show an inquiring patient. All clinics stated that birth control was discussed during the patient's time

at the clinic. Eight clinics handed out starter packs of oral contraceptives to patients who requested them after screening for contraindications. A majority stated that birth control was covered in greater depth at the follow-up check-up which occurred from two to four weeks after the procedure and which was included in the original fee charged. IUD insertions and diaphragm fittings could occur at these follow-up examinations. In several clinics the patient was told to wait until her first period before having an IUD inserted. One clinic would insert IUDs at the time of the abortion. A majority of clinics stated that less than half of their patients returned for the follow-up check-up, however, the presumption being that they went to their own physicians for this service.

#### Approach

This is a much more subjective factor and is more difficult to assess, particularly when actual counseling sessions were not observed. In all cases, at least one member of the counseling staff of each facility, generally the head or director, was interviewed. In two clinics that represented the full-time counseling staff. The remainder employed from two to 14 counselors and presented a major constraint on assessing whether the counselor interviewed was typical of the entire staff. There did appear to exist some structured clinic characteristics which related to the manner in which services are delivered and the way they could be received by the patient. One such characteristic is the general atmosphere of the facility, determined both by the clinic staff and the physical environment in which they work. This atmosphere ranged from the traditional "doctor's office professionalism" to a less formal one. At one extreme a purposeful distance is created between patient and provider--although not necessarily a lack of communication. At the other

extreme, overt actions have been taken to assure no distance exists and the patient is considered a complete co-equal with all persons at the facility. Both extremes, and various gradations in between, exist with the Atlanta clinics. One indicator, for example, is the manner of dress of clinic personnel. This ranged from the very sophisticated and stylish to the very simple: blue jeans. The decor of each facility, particularly the waiting areas, showed a similar variation. All such physical aspects are, of course, modified by the individual staff member's demeanor. Such factors become important only insofar as they help or hinder creating a rapport with the patient.

Individual versus group counseling is another clinic characteristic which could have an impact on how effectively information is received. Clinics were equally divided in terms of individual and group counseling. Each clinic offered a reason for one or the other practice. One clinic staff member said she would prefer one-to-one counseling but the clinic's resources were limited. Others defended their particular practices (e.g., one-to-one allows the patient to ask questions she might be embarrassed to ask in a group; or, groups allow the establishment of a support system between women sharing a common experience). One clinic had structured both individual and group sessions for each patient as a routine part of the service.

#### Emphasis

This factor concerns the relative importance placed on social services by each facility. Again, the subjective nature of this factor makes a definite assessment difficult, certainly within the time-frame of this survey. Within obvious constraints, each facility was rated on a scale of "0" to "10" regarding the importance placed on counseling as information sharing and education. The following factors were

considered when arriving at a rating: time allocated to counseling activities, content more than reassurance, teaching materials available. Ratings ranged from 4 to 9.5 with an average of 6.3.

The following table is a listing of each of the ten surveyed facilities in terms of eleven items. Item 2, "Age Requirements," concerns any clinic policy regarding a minimum age necessary to sign one's own consent form for the procedure. Georgia law allows any woman to request for her own therapeutic abortion regardless of age. Several clinics have added their own requirements which are specified in Column 2. Numbers in Columns 3 and 4 are best guess estimates of the interviewee. Column 11 concerns whether the facility routinely offers other gyne services.



TABLE 1  
ABORTION FACILITY PROFILE

ITEM	CLINIC	
	A	B
Cost	\$135; local anesth. only	\$165; local or general anesth.
Age Requirement	None	Less than 18 generally need parental consent. Exceptions: emancipated 17 yr. old; flexibility in other ind. cases
Percent Outside Metropolitan Atlanta	67%;	?
Percent Out-of-State	50%	Less than 5%
No. of Counselors	1 full time, 1 part time	6-8
Counseling Ratio	Individual, 1:1	Small groups, 1:2 or 3; 1:1 special cases
Content: Medical	Depends on individual patient	Written handout, answer questions, structured session
Content: Psychological	Depends on individual patient	Patient flow is structured to identify potential problems before patient is seen by a counselor; aspect is formally dealt with in the session.
Contraception	Depends on individual; pill starter packs available at time of abn.	Structured session; pill starter packs available at time of abn.
Follow-up Examination	Included in fee; 2 weeks	Included in fee; 3-4 weeks
Other Gyne. Services Available	Yes, routine gyne. services and contraception	Yes, educational and medical services



TABLE 1

ABORTION FACILITY PROFILE  
(Continued)

ITEM	CLINIC	
	C	D
Cost	\$125 local; \$160 general anesth. Medicaid patients, \$35 local; \$70 general Students, \$10 discount	\$135 local; \$165 general anesth.
Age Requirement	Under 18, generally require parent/guardian consent, although flexible at director's discretion	Under 15, parental consent required; 15-18, special consent form used
Percent Outside Metropolitan Atlanta	25-30%	50% rural Georgia
Percent Out-of-State	approximately 3%	Very few
No. of Counselors	4	2 full time
Counseling Ratio	3/4 in groups, 1/4 single at patient's choice; typical group, 1:3	1:1; switched from group counseling; believe it to be more effective
Content: Medical	Described in detail, shows picture of machine, how it feels, etc.	Most emphasis; detail on all aspects explained
Content: Psychological	Usually not dealt with in any structured way	Not structured; at indication of patient need only
Contraception	"Always discussed;" pill starter pack available at abn.	Not structured; depends on patient's questions
Follow-up Examination	Available; additional charge	Included in fee; 2 weeks post abn.
Other Gyne. Services Available	Pelvic exam (pap smear, GC, contraceptive counseling), \$20; IUD insertion, \$35; Diaphragm, \$35.	Yes; 2 clinics/week

ITEM	CLINIC	
	E	F
Cost	\$140, local or general anesth.	\$125 local; \$160 general anesth; Medicaid \$75
Age Requirement	None	None; those under 18 encouraged to bring parent/guardian
Percent Outside Metropolitan Atlanta	Over 50%; rural/small towns	?
Percent Out-of-State	Less than 5%	Less than 5%
No. of Counselors	1 full time; 3 part time	6
Counseling Ratio	1:1; staff felt this to be necessary	1:6-8
Content: Medical	No structured information; not emphasized; more after-care and medical complications	Structured
Content: Psychological	Most emphasis in relation to medical content or contraception counseling	Provide support, reassurance, reduce anxiety
Contraception	No structure; depends on individual; most left to follow-up exam; starter pill packs given at abn.	Respond to patient initiated questions; rely on follow-up exam for more extensive birth control counseling
Follow-up Examination	Included in fee; 2 weeks--however, most go to private doctor	Included in fee; 2 weeks
Other Gyne. Services Available	At follow-up exam; no regular clinics	Comprehensive, including out-patient surgery

TABLE 1

ABORTION FACILITY PROFILE  
(Continued)

ITEM	CLINIC	
	G	H
Cost	\$135, 12 Wk. LMP; \$160, 14 Wk. LMP; local anesth. only	\$135 local; \$165 general anesth.
Age Requirement	None	Less than 16 require parent/guardian consent; 16-17 require "mature minor" consent form
Percent Outside Metropolitan Atlanta	?	?
Percent Out-of-State	Variable (difficult to estimate)	10-20%
No. of Counselors	6	3 full time; 1 back up
Counseling Ratio	2:6	1:1, 60-70%; 1:3 or 4, 30-40%; leaning toward 1:1
Content: Medical	Structured, comprehensive (exp. on drugs, proced.); a lot on primary phone contact	Written description read during waiting periods
Content: Psychological	Not specifically--general approach to service is geared to provide emotional support	As required with consent form signing
Contraception	Respond to patient-initiated questions; encourage return for follow-up exam for birth control; give starter packs of*	Geared to individual questions
Follow-up Examination	Yes; included in fee	Yes; 3-4 weeks
Other Gyne. Services Available	Yes	Yes

\*pills, required consent forms for pill; IUD.

TABLE 1

ABORTION FACILITY PROFILE  
(Continued)

ITEM	CLINIC	
	I	
Cost	Sliding scale	
Age Requirement	Under 18 need parent/guardian consent except emancipated minors	
Percent Outside Metropolitan Atlanta	-----	
Percent Out-of-State	-----	
No. of Counselors	3	
Counseling Ratio	1:4 or 5; teenagers counseled on individual basis	
Content: Medical	Structured information	
Content: Psychological	A structured part of session; deals with abn. decision and alternatives	
Contraception	Try to get a commitment for a method before leaving; starter packs of pills given; UID inserted at abn.	
Follow-up Examination	3 weeks; sliding scale fee	
Other Gyne. Services Available	Yes, routine exams, birth control	



## ADDITIONAL REMARKS AND QUESTIONS

Several other explicit questions were asked in the interview which may be of interest. The interviewee was asked to estimate the age distribution of her clinic's patient population. For those under 15 years, estimates ranged from one percent to 33 percent. One clinic collected no age data. One said their distribution was similar to the national distribution (approximately one-third are 19 and under), and one said "a small but alarmingly increasing number." Estimates for the 15 to 19 year group ranged from 25 percent to 50 percent with a large number aged 18 or 19. One clinic said it was their largest percentage age group. When asked whether or not the number of teenagers requesting abortions had increased, decreased or remained approximately the same, responses were equally divided between a steady number and a gradual increase in the last two or three years. This, of course, presents no startling new information but does indicate that the Atlanta situation is following national trends.

One question which received an overwhelming consensus in reply was: how many women were using a contraceptive at the time they became pregnant? Most agreed that at least 85% were not using any method. More accurate numbers on these and related questions are available by county from the Georgia Department of Human Resources. Within the limitations of this survey, patient populations between most clinics are reportedly similar.

Facilities appear to have some routine sources of referral for patients, for example, physicians in outlying areas. Advertising is available to all in the popular media (newspapers, radio, yellow pages). This "opens" the market to some degree; although, as with most medical



care services, information is controlled and the patient is dependent on word-of-mouth referrals to a large extent. Some clinics have much larger patient loads than others and this is one reason for the variation in staff size. There did appear some feeling of competition between clinics which appeared to limit the sharing of information and encourage a certain amount of defensiveness in some facilities in terms of justifying a particular policy or procedure.

In general, however, the atmosphere for abortion providers in Atlanta is relatively relaxed. There appear to be few pressures from health authorities and little trouble from anti-abortion factions. This provides a good setting for examining some of the "unanswered" questions posed earlier in this report. Atlanta clinics do provide contraceptive information to patients. The approach varies somewhat between clinics making it a good situation for further study and evaluation. Further, the problem of providing access to contraceptives once the patient leaves the clinic remains an important one, especially so for women from rural areas and small towns which could present significant "action barriers" to teenagers. Atlanta clinics see less than 50 percent of their patients at follow-up exams. What the remainder do is not known and presents another question for future examination.

## Appendix A: Examples of Consent Forms

## CONSENT TO ABORTION

Date \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_

I hereby give my consent to and authorize Dr. \_\_\_\_\_  
and whomever he may designate as his assistants, to perform upon me an ABORTION.

If any unforeseen condition arises in the course of the abortion calling, in the Doctor's judgment, for procedures in addition to or different from those contemplated, I further consent to and request and authorize them to do whatever the Doctor deems advisable.

The nature and purpose of an abortion, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

Any tissue or other parts removed may be disposed of by the clinic in accordance with the accustomed practice.

I consent to the administration of anesthesia and the use of such anesthetics as may be deemed advisable.

I CERTIFY THAT I HAVE READ FULLY AND UNDERSTAND THE ABOVE CONSENT TO AN ABORTION, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN.

To the best of my knowledge my last monthly menstrual period commenced on or about the following date: \_\_\_\_\_

Signature of patient: \_\_\_\_\_

When patient is a minor, signature of parent or other person authorized to consent for patient:

\_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_

INFORMED CONSENT TO TREATMENT,  
ANESTHETIC, AND OTHER MEDICAL SERVICES

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. I, \_\_\_\_\_, am \_\_\_\_\_ years, old, and  
(patient's name)  
request and consent to the performance upon me of a pregnancy

termination procedure, \_\_\_\_\_ suction \_\_\_\_\_, at \_\_\_\_\_,  
(Clinic Name)  
by Dr. \_\_\_\_\_, or a designated associate  
physician.

2. I further consent to the taking of cultures and the performance of reasonably indicated tests and procedures in addition to pregnancy termination, whether or not relating to presently known conditions, if my medical attendants find these necessary or advisable in the course of evaluation or treatment, for management of complications or otherwise.

3. I have fully and completely disclosed my medical history, including allergies, blood conditions, prior medicines, or drugs. I consent to my physician's relying on this disclosure as complete.

4. I consent to the administration of such anesthesia as may be deemed necessary or advisable by my physician or associates, with the exception of \_\_\_\_\_. I understand that  
(state "none", "spinal ", etc.)

local anesthetics do not always eliminate all pain, that in a small number of cases locals cause severe reactions or even shock, and the no guarantees to the contrary have been made to me. (or) I understand that general anesthesia will render me unconscious and may, in

a small number of cases, cause bodily reactions or complications requiring additional measures and treatment, which I request and to which I consent.

5. The first day of my last menstrual period was \_\_\_\_\_, 197\_\_\_\_. This period was (check one) \_\_\_\_\_ normal, \_\_\_\_\_ heavy, \_\_\_\_\_ light. The period before was \_\_\_\_\_ normal, \_\_\_\_\_ heavy, \_\_\_\_\_ light. My periods in the past six months have been \_\_\_\_\_ regular, \_\_\_\_\_ irregular, \_\_\_\_\_ other, if "other" describe \_\_\_\_\_

I understand that information concerning my last period is important to diagnosis and method of treatment, and I consent to treatment based upon my recollection as stated above, or upon findings from examination.

6. I understand that tissue and parts will be removed during the procedure, and I consent to their disposal or use by the clinic and/or physician in the manner they seem appropriate.

7. I fully understand that the purpose of the procedure is to terminate this pregnancy, and I affirm this to be my personal choice in light of the alternative of continuing the pregnancy to term. No one has coerced or compelled me to make this decision.

8. I understand that the complications associated with pregnancy termination are generally much less severe than with childbirth. Nonetheless, I realize there are inherent risks of minor and major complications which may occur in this as in all surgical procedures, without the fault of the physician. No guarantees have been made to me. I understand the possibility of perforation of the uterus and internal injuries resulting therefrom. I understand the possibility that not all of the tissue will be removed, that fever may occur, that bleeding may occur during or after the procedure, that infection may occur, that I may react badly to medicines or



the anesthetic, that I may have pain, cramps or even convulsions, and that I may also have mild or severe reactions to any contraceptives which I use later. I further realize that I may need to be hospitalized at my own expense for treatment of such complications.

realize that such complications can be caused by my own condition or conduct, or by the treatment of a follow-up physician.

9. I understand that any questions I have will be answered by my physician and/or counselor, and I will ask such questions before leaving the facility.

10. If I have questions or complications after leaving, I agree to call the physician or clinic at \_\_\_\_\_ immediately.  
(Telephone No. \_\_\_\_\_)

11. I agree to make no claims against the physician or clinic for complications which may occur, except in the event of gross negligence on their part. If I should make any other claims, I agree to be responsible for the payment of all costs and attorney's fees incurred by the physician and/or clinic in investigating or defending the claims, and to post a bond in advance for such sums.

12. I further understand that the medical practice of my physician is to be judged according to those standards reasonably acceptable to other physicians practicing in similar facilities in the United States.

I certify that I have read and fully understand the above informed consent, and that I agree in light of that consent to the pregnancy termination procedure I have requested.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Witness)

CONSENT TO ABORTION  
(emancipated minor)

3a

I, \_\_\_\_\_, Age \_\_\_\_\_, hereby  
give my consent to, and request and authorize Dr. \_\_\_\_\_,  
and/or his associates and assistants of his choice to perform  
an abortion on me. The first day of my last menstrual period  
was \_\_\_\_\_.

PATIENT

COUNSELOR

Initial  
boxes as  
you read

I understand that tests and/or examinations performed on me indicate that I am pregnant. I have requested the doctor to perform an abortion procedure so that my pregnancy will be terminated. I know that I have the right to continue this pregnancy to its full term, but it is my personal choice to end it now. I understand that the purpose of the abortion is to end my pregnancy.

Initial  
boxes as  
explained  
to patient

☐☐☐

I consent to the administration of anesthesia to help prevent pain and such anesthetics as the physician or anesthesiologist may deem advisable.

☐☐

I consent to the administration of Rhogam as the physician may deem advisable.

☐

I understand that having an abortion involves some risks to me, including the following: Perforation (puncture) of the uterus (in this event, hospitalization may be necessary); Infection (in order to avoid this possible complication, I understand that I am responsible for taking the precautions explained to me and listed in the post-operative instructions); Ectopic pregnancy or pregnancy in the tubes (I understand that in approximately 2% of all pregnancies, the pregnancy can be in the fallopian tubes leading to the uterus and an abortion procedure will not successfully terminate such a pregnancy, and that due to the threat of rupture of the fallopian tubes, immediate hospitalization may be necessary); and Incomplete abortion (in some instances all tissue may not be removed and incomplete abortion will result). I understand that the doctor and the clinic make no guarantee regarding the abortion. If the abortion is incomplete, I may have fever, heavy bleeding and severe cramping; if any of these symptoms appear I should go to a hospital or see a doctor at once, or return immediately to see a doctor at \_\_\_\_\_.

If the abortion is incomplete, I understand that the procedure may have to be repeated or I may still be pregnant.

☐ I have been given an emergency telephone number which I can call 24 hours a day for assistance. I agree to notify the clinic and physician within thirty (30) days of any complication which might arise; my failure to give notice releases the physician and the clinic from any further responsibility of liability to me. ☐

☐ I consent to letting my doctor, or his/her associates or assistants, dispose of the fetus or other tissue or contents of my uterus (womb) which may be expelled or removed during the abortion. ☐

☐ I have been advised to return to \_\_\_\_\_ for a follow-up examination, at no expense, within two weeks. I understand that I should have this follow-up examination in order to be sure that no complications or problems have appeared and that the healing process has gone on properly. If I cannot return to \_\_\_\_\_, I am to see my own physician or other source of care for an examination. My failure to obtain follow-up care relieves the physician and clinic of any further responsibility or liability to me. ☐

☐ I acknowledge that I am voluntarily receiving tests for GC (Gonorrhea) and RPR (Syphilis). Necessary information may be provided to the Georgia Department of Human Resources and I may be contacted for referral, further examination and treatment if necessary. All contacts will be handled in a confidential manner. ☐

☐ If during the course of the abortion procedure, any unforeseen conditions or complications arise, and the doctor in his professional medical judgment decides that different or additional procedures including anesthesia or blood transfusion or the association of another doctor, or hospitalization at another hospital are necessary, I give my consent to such and further give my permission for my parents (or legal guardian where applicable) or other person (name set forth below) to be notified by the doctor or staff of the hospital. ☐

☐ I have read and understand fully this form. All blanks have been filled in before I signed my name. I understand that the doctor or clinic may need to contact me regarding additional laboratory findings and consent thereto. All information given herein and in my medical history are true and correct and I realize that the doctor has relied on such information. My consent has been freely and voluntarily given and this procedure is being performed at my request. ☐



## Notify In Emergency:

\_\_\_\_\_  
Parent, Guardian, Husband,  
Friend, etc.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

Parents Consent:

I am the \_\_\_\_\_ to the patient whose signature appears above. I have heard and had explained to me the matters set forth in the above and hereby request and give my consent thereto as \_\_\_\_\_. I agree to pay for all medical expenses incurred in this procedure.

\_\_\_\_\_  
Street Phone

\_\_\_\_\_  
Signature (parent, guardian, etc.)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Notary Public (Seal)

\_\_\_\_\_  
Counselor



I, \_\_\_\_\_, request the oral birth control pill for contraception. I understand that there are other means of contraception available to me. I further understand that there is a failure rate of approximately 1% and that should I become pregnant while using the "pill" there is a slightly higher risk of damage to the fetus. I realize that a therapeutic abortion may be arranged if I should become pregnant and request it.

It has been explained to me and I understand that there are possible minor side effects with use of the "pill". These minor side effects may include breast tenderness, nausea, bloating (water retention), weight gain, spotting (inter-menstrual bleeding), missed periods, acne, chloasma (mask of pregnancy), loss of hair or mental depression.

Although I understand that serious side effects are very rare, it has been explained to me that the signals of potentially dangerous situations are bad headaches, chest pains, leg pains, spots before my eyes or blurred vision. Should any of these signs appear, I am to notify my physician immediately.

I further state that to the best of my knowledge I do not have a medical history of phlebitis (blood clots), varicose veins, stroke, diabetes, cancer, high blood pressure, liver disease, birth of a child within the last four weeks, gall bladder disease, mononucleosis (acute phase), sickle cell disease, undiagnosed abnormal vaginal bleeding, asthma, kidney disease, mental retardation, uterine fibroid tumors, epilepsy, anovulation (cycles without ovulating), heart disease, or am presently nursing (lactation). Should any of these situations occur, I have been advised to tell my physician that I am using the "pill".

I also understand that use of oral contraceptives is not recommended for women beyond the age of 40 and that smoking cigarettes when combined with use of the "pill" in women over 30 years of age results in a higher incidence of heart attack.

\_\_\_\_\_  
Signature of Patient

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness

# Authorization for Birth Control Pills

1. I, \_\_\_\_\_, have been fully advised that "the Pill" is a drug which is a synthetic (man-made) hormone-like substance. I have read the "Birth Control Pill Check-List" and the following risks in taking the pill have been fully explained to me, and although rare, it is possible for some of these problems (specifically a. and c.) to result in death.
 

a. blood clots which can travel to my heart, lungs, or brain (stroke). b. blindness c. heart attack d. liver damage	e. deformation of a fetus, if I am pregnant f. breast lumps g. high blood pressure h. gall bladder disease
--	---
2. I have been informed as to the symptoms of leg pain or cramping, blurred or loss of vision, sensation of flashing lights, shortness of breath and/or chest pains which are the symptoms of thromboembolism (blockage of a vessel by a blood clot) one of the most dangerous side effects of the pill, and that, if I experience these symptoms, I should discontinue usage immediately and see a physician right away.
3. It has also been explained that the pill contains a chemical which mimicks natural estrogen which has been shown to cause cancer in rodents and while it has not been proven that the pill causes cancer, studies have shown that women who have taken the pill get cancer more often than those who don't, and that my chances are greater if there is a history of it in my family.
4. I am also aware that the pill can bring on traits that I may have that have not fully developed such as diabetes, asthma, epilepsy, varicose veins, migraine headaches, and jaundice.
5. I am aware that the pill can cause "chloasma", a darkening and splotching of areas of the skin of the face (also known as "the mask of pregnancy") and this can be permanent, even after stopping the pill. I am also aware that my chances of contracting gonorrhea ("the clap" or VD) are increased, and the pill can also cause change in my moods or depression.
6. It has also been explained that although rare, it is possible for the pill to cause me to become sterile or unable to get pregnant in the future.
7. I have also been made aware that smoking and taking the pill can be very dangerous and especially increases the chance of having a heart attack, getting cancer, and thromboembolism.
8. It has also been explained that taking the pill and breast feeding can be dangerous to the health of the baby.

In cases where the medication is contraindicated, these have been explained to me and I have made my decision to take the pill with the full knowledge of the possible consequences. I release the \_\_\_\_\_ and Dr. \_\_\_\_\_ from responsibility for my care or any consequences arising from my taking \_\_\_\_\_ birth control pills which have been prescribed for me upon my request.

Date: \_\_\_\_\_  
 Dr. Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## THE ABORTION PROCEDURE

### General Anesthesia (Asleep)

Before any anesthesia is given, your doctor will do a pelvic exam to check the position and size of your uterus. Either the nurse or the doctor will also check your blood pressure with the arm cuff, your pulse, and heartbeat. The nurse will then start an I.V. (intravenous) tubing. This is attached to the back of one hand allowing the medication to go directly into a vein causing little, if any, sensation. The anesthetist will give you several drugs including Brevitol/Sodium Pentathol, Atropine, and a muscle relaxer. The Brevitol/Sodium Pentathol will allow you to go to sleep in ten seconds or less. After you are asleep a mask will be put on your face so that you may breathe nitrous oxide (laughing gas). These drugs work together to maintain your sleeping, yet leave the body quickly so that you will not sleep a long time after the procedure or have a "hangover" effect.

Once you are asleep the doctor will begin the first stage of the procedure: dilation of the cervix. The cervix is a tight, round muscle which seals off the uterus from bacteria. It will be gently stretched to give an opening approximately as big around as your little finger. This will take one to two minutes.

Then the doctor will begin the aspiration process. The aspirator is a machine which creates a vacuum or gentle suction. Tubing is attached to the machine and a cannula (sterilized, rigid tube) is used to clean out the contents of the uterus. This will take approximately three minutes. When the aspiration is complete, the doctor uses a curette (blunt-ended surgical instrument) to feel the interior walls of the uterus checking that all tissue has been removed. The entire procedure will take seven to eight minutes. You will not be asleep longer than ten minutes.

You will then be wheeled by stretcher into the Recovery Room. The nurse will wake you by calling your name, asking you to open your eyes or having you take a deep breath. Try to respond to her request because the faster you come out of anesthesia, the better you will feel. Some side effects of the drugs are to be expected when you first wake up. Vision will be blurred or double and will come back to normal as you awaken. You may feel as though you need to go to the bathroom. This "false alarm" is caused by the muscle relaxer and will pass quickly. As soon as you are awake enough to sit up on your own, the nurse will help you into the chair. During the next hour you need to relax and awaken completely. Snacks and drinks are available for your recovery stay. Some women, but not all, experience menstrual-like cramping once they are awake. If you should become uncomfortable with cramps, let the nurse know. She can give you some mild medication and/or hot water bottle for relief. If you would like your counselor to spend some time with you in recovery, ask the nurse to call her. After a minimum of an hour in recovery you will get dressed and be discharged from the medical area. The nurse will take your blood pressure again and ask about your bleeding.

Before you leave the clinic there will be a brief counseling group to go over the prescriptions and post-operative instructions for the next three to four weeks. These instructions will help you take care of yourself properly until your follow-up examination.

If you have general anesthesia, you must not drive a car today. Please discuss this with your counsellor if you have not already made arrangements for someone else to drive you home.



## THE ABORTION PROCEDURE

### Local Anesthesia (Awake)

6b

Patients receiving local anesthesia will also be given a pelvic exam and brief physical as described for general anesthesia patients. During the procedure, the doctor will be explaining what he is doing so that there will be no "surprises". If at all possible, your counselor will be with you. She can lend support and "coach" you in relaxing.

The local procedure begins when the doctor injects Xylocaine into the cervix and the back of the vagina. This drug acts like Novacaine at the dentist's office to numb the cervix and surrounding tissue. You may feel a pinch or sting for a few seconds until the drug takes effect. A minute or two later you may experience a funny taste in your mouth or ringing in your ears. These are normal side effects and will pass quickly.

During the dilatation process you will experience a few minutes of fairly strong cramping. Every woman reacts to discomfort differently. We do know that being able to relax will help any cramping. Try to relax your legs, let them go limp in the stirrups. This will automatically loosen the abdomen and reduce cramping. Your doctor or counselor will help you get into a rhythm with your breathing. Take a deep breath, hold it, and exhale letting your whole body relax. After the two minutes for dilation, cramping will gradually decrease and should not be as strong during the aspiration.

Since you will be awake, you will hear the aspirator (suction or vacuum machine) making a soft humming noise. The sound is caused by the machine and has nothing to do with your body. The doctor will check the uterine walls with the curette as with general anesthesia patients. The rest of the clinic stay will be the same as described above.

### POSSIBLE COMPLICATIONS OR RISKS OF ABORTION

Complications of early or vacuum aspiration abortions are rare. Studies show that this procedure is seven to ten times safer than labor and delivery at full term. This is considered minor surgery.

One possible complication is perforation or puncturing the walls of the uterus. Anytime instruments are used in or around this soft organ there is a risk of perforation. The Center for Disease Control reports that this complication in only about 1% of abortion procedures on a national basis. If this rare problem should occur, a simple observation period in a hospital is the normal treatment. The uterus is a regenerative organ which can heal itself quickly.

Infection following the procedure occurs occasionally. This does not occur during the procedure since all equipment has been sterilized. However, for a few weeks following the abortion the cervix is vulnerable to bacteria. During your post-recovery counseling session you will be given detailed instructions on how to take care of yourself properly. We do not expect infection problems if a woman has followed the written instructions. Occasionally some tissue is missed by the suction and retained in the uterus. Therefore, two check-ups are made to avoid this problem. As mentioned, the first check is completed by the physician after the procedure by using the curette to feel the inside of the uterus. As a second precaution, all tissue obtained is sent to a pathology laboratory. The report of these findings becomes a part of your medical record and you are contacted if we believe some tissue was retained.

All patients are instructed to return to their private physician or their private physician for a post-operative check-up. This is considered the final step to assure the procedure was complete and plan for a healthy reproductive future.



Whether or not a woman wants an abortion is a decision that only she can make. Of course, it is usually helpful and important if she can discuss her pregnancy and her alternatives with her relatives or close friends.

Often, the pregnancy not only affects the pregnant woman but, also, the people she may live with or care about.

We are not here to make up your mind for you; we are here to talk about your feelings and present situation, and how a pregnancy would effect them.

For some women, it is difficult to continue a pregnancy for financial reasons. For others, it would interfere with schooling or employment or otherwise cause severe problems. Sometimes talking to someone about how you feel can help you make a better decision for yourself and everyone concerned.

We hope we can help you in this way. . . to give you understanding and support. If you have already decided you want a therapeutic abortion, we are here to help you get a safe, legal one.

\*\*\*\*\*

Some questions you may have . . . . .

1. What happens during the visit with counselor?

You and your assigned counselor will discuss your decision to have an abortion which includes alternatives to abortion, the abortion procedure, and you will discuss future birth control methods. All questions or feelings you would like to share with your counselor are welcomed. She will give you a Clinic Appointment at the end of your counseling session.

2. What is the K&K Clinic and what happens in it?

First an interviewer must fill out some forms concerning your medical history. It is very important that you answer her questions accurately since this is a part of your physical evaluation.

After your interview you will go to the laboratory and the lab technologist draws blood from your finger or arm. She will use this blood to do a hematocrit to determine if you are anemic; a Rh factor which determines your blood group (A,B,O); and check for syphilis, a venereal disease. The lab technologist will also test your urine for sugar and protein.

Sometimes the doctor will order additional tests if there are indications to do so.

3. What will the doctor do in the clinic?

After leaving the laboratory, a nurse will take you to the examining room. She will check your blood pressure, pulse, and weight before the doctor examines you.

The doctor will do a routine examination, including a breast and pelvic exam. The more relaxed you are, the more comfortable this examination will be. During the pelvic examination, he will do a gonorrhea culture (another test for venereal disease) and a pap-smear (a test for cancer). He will also measure the size of your uterus (womb) to be sure you are not more than 12 weeks pregnant.

Following your examination, you will be seen by your counselor again and she will instruct you to return to the hospital for your abortion.

#### 4. What happens when I am admitted?

You are admitted early in the morning. After checking in on the ward, you will change into a hospital gown. The doctor will recheck you to make sure the procedure can still be done safely.

To do the operation itself, most patients are given general anesthesia (put to sleep) just prior to the procedure. This is done by an anesthesiologist who will give you an intravenous (in the vein) medication. You will be asleep within 10 seconds.

#### 5. How is the operation done?

The operation we use has several different names---vacuum aspiration, suction curettage, suction method. We usually refer to it as dilation and evacuation (D & E).

In the operating room the nurse puts your legs in stirrups and cleans your inner thighs and vaginal area with a brownish iodine solution. You are not shaved.

The doctor then inserts an instrument called a speculum into your vagina which allows him to see your cervix. He will then grasp the end of the uterus (womb) with a tong-like instrument called a tenaculum in order to hold the uterus steady. He also measures the depth of the uterus.

The opening to the uterus is then stretched or dilated with a series of metal rods called dilators. After dilation the doctor takes an appropriate size suction tube and inserts the tip into the uterus.

This tube is attached to a machine which has a vacuum or suction action. The fetal tissue is thereby removed, the inside of the uterus is cleansed, thus ending the pregnancy.

6. What happens in recovery?

A nurse is there with you at all times. The recovery room period is usually about one hour. You may feel dizzy, groggy or nauseated. You may have double vision. You may feel some cramping caused by the uterus beginning to contract to its normal size. This is normal.

The recovery room nurse will check your blood pressure and pulse several times. When you are feeling comfortable, you will be taken back to the ward to rest.

7. After recovery, can I go home?

The normal time of staying in the hospital is 6:30 a.m. to between 1 p.m. and 5 p.m.

It is necessary to arrange for someone to pick you up from the hospital rather than trying to return home alone; you may still feel a little "dizzy" from the anesthesia.

8. Are there any chances of complications?

Compared to other kinds of surgical procedures, this is a relatively safe and simple operation. But with any procedure, there are things that can go wrong. Excessive bleeding, infection, incomplete abortion, and allergic reactions account for most of these complications.

On rare occasions, the physician may fail to remove all of the fetal material from the uterus (incomplete abortion). When this happens, the tissue may be expelled spontaneously or a D & C may be required.

Perforations (piercing the uterine wall) are usually small and given time, will heal by themselves. However, a large perforation may require an incision in the stomach to look at the damage and repair or remove the damaged organ. The patient would probably stay in the hospital longer if this were to happen.



Most infections can usually be treated simply by antibiotics or medicines. The doctor may keep the patient in the hospital for most of the day to make sure she does not have a fever or any other signs of infection before she goes home.

9. How about follow-up?

You will need a check-up three weeks after the abortion. The ward-clerk will give you an appointment before you leave the hospital.

At the follow-up visit, you will receive a routine breast and pelvic examination.

Contraceptives (birth control) and family planning counseling is also offered at this time.

You will be invited to discuss your experience or any feelings individually with your abortion counselor.

We do many operations each week and have very few complications. We hope this information has been helpful so that you can weigh the facts before deciding. Please be sure to ask your counselor if you have any unanswered questions or concerns.

## YOUR DAY AT

## STEP BY STEP ----- WHAT TO EXPECT

As you arrive at NFPS, you probably have lots of questions, thoughts, and feelings about having an abortion. This pamphlet is designed to answer some of your questions and let you know what to expect today.

1. The Waiting, Waiting, and More Waiting Room

You will be here 4 to 5 hours from the time of your appointment. We know waiting is frustrating, yet there seems to be no way around it in a clinic setting.

2. Reception

After signing in, you are asked to give a urine specimen so that we can confirm your pregnancy.

The medical history forms you fill out will help us screen out any potential problems with anesthesia or the procedure. For example, anyone whose last normal menstrual period occurred over 12 weeks ago, will be examined upon arrival to determine whether a first trimester abortion can be performed.

3. Payment of Fee

Our bookkeeper will call you into a private room where she will receive your money order, cashier's check or travelers' checks. If, for any reason, your procedure is not done today, you will receive a full refund, minus the cost of the laboratory work and any anesthesia administered.

4. Lab

The lab technician will draw blood from your arm for several tests. A hematocrit determines your iron count and lets us know if you are anemic. Your Rh factor is typed as positive or negative. A small amount of blood is sent to an outside laboratory to check for syphilis, a venereal disease; and sickle cell screening is performed when appropriate. Your urine will also be examined for sugar and protein.

5. Counseling

But you're wondering what this means! At a minimum, we must fulfill the legal requirement of obtaining your written consent for the procedure. A parent or legal guardian must sign for patients 15 years of age or younger; however, an abortion will not be performed on any patient if she does not want it, regardless of age.

Counseling is an opportunity to ask any unanswered questions, time out to deal with any fears or conflicts about your decision or family situation, and a place to get accurate information on and access to birth control methods. You may choose to be in a small group to share and receive support from other clinic patients, or you may choose to talk with a counselor alone. Remember: the counseling session is yours -- use it in any way that will help make your experience here more comfortable.

## 6. Changing Clothes

After counseling, you will be taken to one of the dressing rooms to change into a hospital gown, cap, and slippers. Then you'll have a seat in a small patients' holding area until a nurse calls you into one of the exam rooms. Reading materials are provided and smoking is permitted in the waiting area. This is another opportunity for you to share with other patients before the procedure. Please use the restrooms nearby to empty your bladder in order to reduce pressure on the bladder after the abortion procedure.

## 7. Exam Room

In the exam room, the nurse will check your blood pressure, pulse and temperature. If you have chosen general anesthesia (being put to sleep), she will give you an injection of Atropine, which will dry your throat and prevent gagging or choking on throat secretions while you are asleep. Believe it or not, your throat can get drier than it is now!

## 8. Operating Room

Next you will go into one of the operating rooms. Before you are given any anesthesia, the doctor will do an internal (pelvic) examination to be sure you are not more than twelve weeks pregnant and to determine the position of your uterus. He will also do two quick tests - a gonorrhea culture (test for venereal disease) and a pap smear (test for cancer), if you haven't had one in the past year.

## 9. Anesthesia - local, general, and how to choose:

- 1) With general anesthesia, you are put to sleep just before the procedure begins. The anesthetist will give you intravenous (IV) medication which includes pentathol, a muscle relaxant, and a sugar solution. Count down! You will be asleep within 5-10 seconds. To eliminate pain, you are also given nitrous oxide through an anesthesia mask after you are asleep. You will remain completely asleep 8-10 minutes, until the procedure is through, and you will not experience any pain while you're asleep.
- 2) With local anesthesia, you are awake during the procedure. The anesthetist will give you a tranquilizer IV of pentathol and muscle relaxant which will make you groggy, but won't put you to sleep. The local anesthesia used is Xylocaine, which is similar to the dentists' Novacaine. The doctor gives several injections of Xylocaine around the cervix (tip of the uterus) which may cause sensations of pinching, burning, or pressure. Most women still experience some cramping during the procedure, which varies from minimal to severe, depending on the individuals' pain threshold. Your counselor can help you with breathing and relaxation exercises to reduce tension and discomfort.

In choosing which anesthetic is right for you, consider any medical problems, how you handle pain, whether you're tense or relaxed, and how long ago your last menstrual period was. Most doctors recommend general anesthesia after 9 weeks.



## 10. The Abortion Procedure

We use a vacuum aspiration technique. First the physician cleanses your inner thighs and vaginal area with a brownish iodine solution. This is called "prepping". You are not shaved.

The doctor then inserts a metal instrument call a speculum into your vagina which allows him to see your cervix. He holds the end of the uterus with an instrument called a tenaculum in order to steady the uterus.

The opening to the uterus is then enlarged to about finger width with graduated series of dilators. After dilation, the doctor takes an appropriate size suction tube and inserts the end of it into the uterus. The tube is attached to a machine which has a vacuum or suction action for removing the fetal tissue.

After suctioning, the doctor will very gently scrape the walls of the uterus to insure that all tissue has been removed. The procedure usually takes 8-10 minutes. You are then taken to the recovery room.

## 11. Complications

Compared to other kinds of surgical procedures, the rate of serious complications following a vacuum aspiration abortion is very low. Excessive bleeding, infection, incomplete abortion and allergic reactions account for most of these complications.

On rare occasions the physician may leave some of the fetal material in the uterus (an incomplete abortion). When this happens, the tissue may be expelled spontaneously, or a dilation and curettage (D&C) may be required. It is also possible (although very rare) that he may fail to remove any of the fetal tissue from the uterus. If this occurs, the procedure can be repeated at a later date with no further charge.

Perforations (piercing of the uterine wall) happen rarely, are generally small, and, given time, will heal by themselves. However, a large perforation can damage the uterus and sometimes other internal organs and can lead to infections, hemorrhage or other complications.

A very rare complication, tubal pregnancy, is really a complication of pregnancy, rather than the abortion. In a tubal pregnancy, the fetus develops in the fallopian tubes, not the uterus, and eventually will rupture the tube, causing a major medical problem. When the physician or the laboratory cannot find any fetal tissue, we consider the possibility of a tubal pregnancy. One purpose of the follow-up exam is to make sure a tubal pregnancy does not exist.



## 12. Recovery

You are brought into the recovery room immediately after the procedure. There is one recovery room for all the patients, and a nurse is with you at all times. The nurse will check your blood pressure and pulse several times while you're in recovery. If you've been asleep, the nurse will wake you up. You may experience some nausea, disorientation, and difficulty focusing your eyes when you first awake. The extent of these symptoms varies with each person, and most symptoms are gone by the time you leave, except for a groggy feeling from the anesthesia.

If you are awake during the procedure, you can experience all the same symptoms as above; usually, however, to a lesser degree than with general anesthesia.

All patients might experience some menstrual-type cramps after the procedure, which also vary with each person. The nurse can give you a pain pill (Darvocet) for the cramps if you need it. Beverages and cookies are available. Be sure to ask the nurse if you need anything.

When the nurse feels you are ready, you will leave the recovery room, get dressed, and wait in the patients' waiting area until your counselor comes to get you.

## 13. Post-Op

After you leave the recovery room, your counselor will give you post-operative instructions, and some prescriptions: Darvocet, for pain if you need it; Tetracycline, which helps prevent infection; and Ergotrate, which makes your uterus contract back down to its normal size, and helps control bleeding.

## 14. Follow-up

You will need a checkup about 3 to 4 weeks after the procedure. If you intend to see your own doctor, be sure to give us the name and address so we can forward your charts to your doctor. If you are coming back to WPS, be sure to make an appointment before you leave today. Since we book these appointments 3 to 4 weeks in advance, it is advisable that you make any necessary changes in your appointment within 3 days after the procedure. After that it may be impossible to accommodate your change due to our tight schedule.

At follow-up, you'll receive the birth control method of your choice, self-breast examination, test results, and pelvic examination. You will also see your counselor again.

We hope this information is helpful to you. Please be sure to ask the counselor if you have any unanswered questions or concerns.

## POST OPERATIVE INSTRUCTIONS

NOW THAT YOUR PROCEDURE IS OVER, YOU SHOULD BE AWARE OF EVENTS YOU MAY EXPERIENCE IN THE NEXT FEW WEEKS.

You have been given three types of medication. The capsules are Tetracycline for the prevention of infection; the small white tablets are Ergotrate which encourages the uterus to contract and help minimize the bleeding. Occasionally this tablet causes abdominal cramps or leg cramps as a normal side effect - it is no cause for alarm. The large tablets are A.P.C.'s which are composed of aspirin, phenastin, and caffiene. These tablets are to be taken for pain. You will begin taking these medications at the Center; follow the instructions on the envelope for continuing the medications at home until they have been completed.

BE SURE TO CALL US IF:

- Your bleeding for two consecutive days is heavier than the heaviest flow of a normal period.
- Your oral temperature is 100.4 or more; check your temperature each morning and evening for one week.
- You have a foul-smelling vaginal discharge or drainage.
- You have severe pain unlike menstrual cramps.

PRECAUTIONS:

- Use sanitary pads only - NO TAMPONS - for the next two weeks.
- Do not have intercourse for the next two weeks.
- Do not take douches for the next two weeks. This will help prevent infections. Showers and baths are fine.
- Take it easy! Avoid strenuous activity until you really feel like it. This may normally take from one to seven days.

WHAT TO EXPECT:

You will likely have bleeding and cramps. These vary from woman to woman. The cramps are most marked for the first few days following an abortion while the bleeding may last from a few days to two or three weeks. Do not be concerned if there is no bleeding at all as long as you are not having any pain, fever, or foul discharge.

If you chose birth control pills for contraception, start them the Sunday after your abortion.

IT IS IMPORTANT THAT YOU RETURN TO THE CLINIC  
OR TO YOUR PRIVATE PHYSICIAN FOR A CHECK-UP IN TWO WEEKS!!!

IF YOU HAVE ANY PROBLEMS, PLEASE CONTACT US FIRST BEFORE GOING TO THE  
HOSPITAL OR SEEING YOUR DOCTOR.

24 Hour Answering Service

## Taking Care Of Yourself After You Get Home

Complications are rare, and you will soon return to normal. Please call us if you have a problem or question. Most of these will be routine and can best be handled during regular daytime clinic hours. Medical staff is here Tuesday through Saturday, 8:30am-5:00pm. Emergency calls may be made anytime. Call (404) 256-2250.

### WHAT CAN I EXPECT NOW?

**Emotions:** Many women feel weak, tired or depressed. These reactions are usually due to abrupt changes in hormone levels. We suggest you relax for a day or so and resume your normal activities when you feel comfortable. If you have trouble shaking the depression after a few days, contact a counselor at ; a Planned Parenthood clinic, a family service agency, a pastoral counseling center, or any other agency concerned with helping people deal with their feelings.

**Bleeding:** Bleeding following an abortion is normal. The amount of bleeding varies from woman to woman. Usually bleeding is no heavier than normal menstrual periods. Bleeding may stop and start again, or you may only bleed for a day or two. Spotting may continue for two or three weeks. There may be clots in the blood. These are all normal conditions. Heavy bleeding is usually caused by relaxation of the muscles of the uterus or in some instances it may be due to an incomplete abortion which occurs when not all of the tissue has been removed from the uterus. We consider too much bleeding to be soaking one pad an hour. Fill the Ergotrate prescription given to you for control of bleeding. If you take all the tablets and the bleeding does not decrease, call . This medication may cause cramps because it causes the uterus to contract.

**Cramping:** Some women may experience pain or cramping. Cramps can usually be relieved by whatever you normally take for menstrual cramps. A heating pad or hot water bottle may also bring relief. Cramps usually only last a day or two. They are usually caused by clots in the uterus, or the uterus contracting back to the normal size. If cramping is severe, use the prescription you were given for pain. However, if the medication causes drowsiness, do not drive or operate complex machinery.

### POSSIBLE COMPLICATIONS

**Fever:** Infection is the most common complication following an abortion, and fever is usually the first sign of infection. That is why we've asked you to check your temperature once each afternoon for 5 days. Fever which may indicate infection usually shows up on the second or third day. If you have an infection, it can almost always be handled with medication. It is important for you to take all of the Tetracycline antibiotic which you have been given. If your temperature goes above 100.4°, call NFPS for advice. Severe or persistent abdominal pain or urinary discomfort may also be signs of infection.



**Tender Breasts:** Breast soreness and tenderness are normal for the first few days. You may even have some milk for a day or two. Do not try to expel any fluid because this will cause more milk to be formed. You'll probably be more comfortable in a tight fitting bra. If discomfort is severe, ice packs may bring some relief.

## GETTING BACK TO NORMAL

**Menstruation:** You can get pregnant even though you have not yet had a normal menstrual period. If you have intercourse, you should use a method of contraception or you will run the risk of another unwanted pregnancy. If you started on birth control pills the second Sunday following your abortion, you should have a normal menstrual period following your first packet of pills. If not, you can expect a period within 4-8 weeks.

**Sexual Relations:** No intercourse for a least 3 weeks, and preferably not until after your first normal period or your checkup. Your chances of getting an infection from intercourse are much greater during this time. Do not douche or use tampons for the same reason.

**Activities:** You can return to normal activities, such as going back to work, school or housekeeping, tomorrow, or as soon as you feel like it. Driving a car is fine as long as you don't feel weak or lightheaded. Avoid heavy lifting and strenuous activity for one week.

**Diet:** No special restrictions. If you've been bothered by nausea, be careful not to overindulge.

**Bathing:** Shower and shampoo whenever you like. Refrain from tub baths and swimming until your follow-up examination.

**Your Checkup:** It's important that you be examined in three to four weeks to make sure that you've healed properly. Make an appointment with your doctor for a checkup. If you don't have a physician, this might be a good time to find one. For a referral check with a medical or women's group whom you trust in your town. If you would like to return to . . . for a checkup, please make your appointment while you are here. Since we book these appointments three to four weeks in advance, it is advisable that you make any necessary changes in your appointment within three days after your procedure. After that it may be impossible to accommodate your change due to our tight schedule.

**Birth Control:** There is no better way of taking care of yourself than learning the facts about birth control, selecting a method, and using it correctly. If you go to your private physician or a clinic for your follow-up visit, ask about birth control while you are there.

Be sure to call . . . if:

Your temperature is over 100.4°F.

Your bleeding is heavier than one pad an hour.

You have severe or persistent abdominal pain.

If you have any other symptom that distresses you or is out of the ordinary.

We will be glad to answer your questions and relieve any concerns you may have.



### INSTRUCTIONS FOR PATIENTS

Now that the procedure is over you may eat or drink anything you like and return to your normal activities. Most women find it best to avoid especially strenuous activities; be guided by how you yourself feel.

It is important that you carefully read these instructions, and follow them to the letter. Do not hesitate to call us if you have a problem or question.

#### MEDICATIONS:

- \_\_\_\_\_ Methergine. Take 1 tablet every 6 hours for 3 days. This drug is intended to increase the contraction of your uterus to minimize bleeding.
- \_\_\_\_\_ Tetracycline. Take 1 capsule every 6 hours for 3 days. This drug should be taken 1 hour before or after eating (not with a meal); it is a mycin antibiotic to combat infection.
- \_\_\_\_\_ Pain medicine as directed. This may cause sleepiness, so do not operate machinery or other vehicles while on this medicine.
- \_\_\_\_\_ Other (prescription for pain medication as needed) \_\_\_\_\_

#### PRECAUTIONS:

- ..... Use sanitary pads only — NO TAMPONS — for the next 2 weeks.
- ..... Do not have intercourse for the next 4 weeks.
- ..... Take no baths or douches for the next 2 weeks. This will help prevent infections. Showers are fine.
- ..... Take your temperature carefully each morning and night for 1 week. If your temperature is EVER 100.4 or more, CALL US.
- ..... If you take aspirin (or Midol or Darvon), be sure to record your temperature just before each dose.
- ..... Plan to see your gynecologist or physician 3 or 4 weeks after your procedure for a routine check-up.

#### CALL US:

If you have any problems or urgent questions, telephone us anytime (day or night) station-to-station.

Be sure to contact us if you have any complications or problems; we will assist you in arranging any further medical attention required.

**BE SURE TO CALL IF:**

- Your bleeding for two consecutive days is heavier than the heaviest flow of a normal period.
- You continue bleeding longer than two weeks.
- Your temperature is ever 100.4 or more.
- You have any foul-smelling vaginal discharge.
- You have severe pain, or pain unlike menstrual cramps.
- You break out in rash or hives.
- Your first period does not begin within 8 weeks.

**WHAT TO EXPECT:**

Bleeding and cramps vary from woman to woman. Some women have none at all — but most have some cramps and bleeding during the first 2 weeks. If your bleeding for 2 days is heavier than the heaviest day of a normal menstrual period, then you should call us.

Your next normal period should begin in 4 to 6 weeks. It is very possible to get pregnant even before your first period begins. Therefore, if you want to avoid another pregnancy now, you should use some means of birth control (i.e., Condom and foam together) as soon as you begin sexual activity.

**ALSO. REMEMBER TO MAIL YOUR QUESTIONNAIRE IN 2 WEEKS.**

1a

Appendix C: Examples of Patient Input-Evaluation Forms

At the time of the procedure, the patients' total experience is of great concern to us. We are constantly re-evaluating our methods and making changes accordingly. We would appreciate your comments and suggestions about your own experience with us. This will help us to evaluate and improve our services.

Date of appointment \_\_\_\_\_

Did you have a fever at any time? \_\_\_\_\_ How high? \_\_\_\_\_ How long? \_\_\_\_\_

How many days did you bleed? \_\_\_\_\_ Number of pads per day on the heaviest days? \_\_\_\_\_

Did you have a discharge? \_\_\_\_\_ With odor? \_\_\_\_\_ With burning? \_\_\_\_\_

With itching? \_\_\_\_\_ How long did it last? \_\_\_\_\_

When did it occur? \_\_\_\_\_

Did you have any cramps or pelvic pain? \_\_\_\_\_ Was it mild \_\_\_\_\_ Average \_\_\_\_\_ or strong \_\_\_\_\_ compared to a normal period? For how many days? \_\_\_\_\_

Did you see a doctor between the time of your procedure and now? \_\_\_\_\_

If you saw a doctor, were there any complications? \_\_\_\_\_ If yes, what did the doctor say and what medications were you given? \_\_\_\_\_

May we contact the doctor about your treatment? \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_

Were you admitted to a hospital? \_\_\_\_\_ If yes, Name of Hospital \_\_\_\_\_ City & State \_\_\_\_\_

Reason for admission: \_\_\_\_\_

Date you were admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

May we contact the hospital about your treatment? \_\_\_\_\_

Did you return to us? \_\_\_\_\_ If yes, when? \_\_\_\_\_ (Date)

Reason: Checkup or other. If other, please describe: \_\_\_\_\_

Have you had any other physical problems since your procedure? \_\_\_\_\_

Which method of birth control did you choose? Pills \_\_\_\_\_ IUD \_\_\_\_\_  
Foam and condoms \_\_\_\_\_ Diaphragm \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

When you called us for an appointment, were the instructions and directions to reach the facility satisfactory? Were all your questions answered? \_\_\_\_\_

What was your initial impression of the physical facilities? (Including waiting room, laboratory, dressing rooms, recovery room, etc.) \_\_\_\_\_

Would you comment on you \_\_\_\_\_

a. Counseling session \_\_\_\_\_

b. Laboratory experience \_\_\_\_\_

c. Recovery room experience \_\_\_\_\_

d. Experience during the procedure \_\_\_\_\_

Do you have any suggestions that would have made your total experience more comfortable? \_\_\_\_\_

Thank you for taking the time to give us this valuable information.



# MEDICAL INFORMATION

Did you take your temperature twice a day for five days? Yes No

Did you have a temperature greater than 100.4 ? Yes No How high? \_\_\_\_\_

Which days? First Second Third Fourth Fifth

Did you see a doctor for a checkup? Yes No When? (Date) \_\_\_\_\_

How much bleeding did you have? Number of pads per day \_\_\_\_\_

For how many days? \_\_\_\_\_

What were your cramps like? None Mild Average Strong

For how many days? \_\_\_\_\_

If you saw a doctor, were there any complications from the procedure?

Yes No

If yes, what did the doctor say and what medications were you given by the doctor you saw?

May we contact the doctor about your treatment? Yes No

Name of Doctor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City and State \_\_\_\_\_

Were you admitted to a hospital? Yes No If yes,

Name of hospital \_\_\_\_\_ City and State \_\_\_\_\_

Reason for admission \_\_\_\_\_

Date you were admitted \_\_\_\_\_ Date you were discharged \_\_\_\_\_

May we contact the hospital about your treatment? Yes No

Did you return to us? Yes No If yes, when? (Date) \_\_\_\_\_

Reason: Checkup Other (Describe) \_\_\_\_\_

---

Date of Appointment

### FOLLOW-UP INFORMATION

When you are feeling better, we would appreciate hearing from you. Your comments and suggestions will help us evaluate and improve our services. Please give your impressions of the following (use extra paper if necessary):

When you called us for an appointment, were the instructions and directions to reach the clinic satisfactory? Were all your questions answered?

When you arrived at the clinic, what was your initial impression (Reception, financial counseling, laboratory, dressing facilities, medical area, etc)?

What was your impression of the counseling session? Your counselor?

What was your impression of the doctor and his assistant? The procedure itself?

What was your impression of the recovery room and nurses? The discharge counseling session?

Other comments: (Feel free to use additional paper)

1) If you could have changed any aspect of your clinic experience, what would that have been?

2) Did you feel that all your concerns were dealt with adequately? Were all your questions answered?

3) Do you have any suggestions which may improve the care for other women?

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YOUR NAME (Optional)

FOLLOW-UP FORM FOR PATIENT: \_\_\_\_\_ SURGICAL DATE \_\_\_\_\_

Please complete SECTION 1 and ask your physician to complete SECTION 3 and return form.

### Section 1 Questions for Patient

- Did you take your temperature? YES NO Highest reading noted? \_\_\_\_\_
- How many days did you bleed? \_\_\_\_\_ (Circle the type of bleeding below.)
  - (A) More than normal menstrual period. (C) Less than normal period.
  - (B) Same amount as usual period. (D) Only spotting or staining.
- Did you have cramps, backache or other discomforts? YES NO (Explain)  
How long did they last? \_\_\_\_\_ Days
- If given birth control pills, were they taken as directed? YES NO (Explain)
- Did you take your antibiotics as directed? YES NO (Explain)

### Section 2 Data from Hillcrest

- The following laboratory procedures were performed on this date: \_\_\_\_\_
- Blood Group and Rh \_\_\_\_\_ Pap Smear \_\_\_\_\_ G.C. Culture \_\_\_\_\_ Serology \_\_\_\_\_
- Hct \_\_\_\_\_ Hgb \_\_\_\_\_ Urinalysis: Sugar \_\_\_\_\_ Protein \_\_\_\_\_
- Misc. \_\_\_\_\_
- Patient WAS/WAS NOT treated with (D) Immune Globulin.
- Medication given \_\_\_\_\_
- Patient was counseled on contraceptive techniques and her choice \_\_\_\_\_  
WAS/WAS NOT provided.
- A one or two week post-abortion examination should be performed with special attention to:
- Bleeding \_\_\_\_\_ Anemia \_\_\_\_\_ Infection \_\_\_\_\_ Vaginitis \_\_\_\_\_
- Adnexal mass \_\_\_\_\_ Contraceptive choice \_\_\_\_\_ Other \_\_\_\_\_

### Section 3 Questions for Physician

- Evidence of: (A) Hemorrhage (Over 500 cc) YES NO (Note Hct \_\_\_\_\_ Hgb \_\_\_\_\_)
- (B) Endometritis YES NO
- (C) Adnexitis YES NO
- (D) Retained products YES NO
- (E) Still pregnant YES NO
- (F) Psychological sequelae YES NO

Complications requiring hospitalization? YES NO Type of complication \_\_\_\_\_  
Hospital \_\_\_\_\_ Date \_\_\_\_\_

Your additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle one: PRIVATE PHYSICIAN CLINIC

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Signature: \_\_\_\_\_

IMPRESSIONS

IMMEDIATE IMPRESSIONS AND SUGGESTIONS: Please fill out Part I today. Save your form and complete Part II after two weeks have passed, then mail the questionnaire back to the clinic.

## Part I

Please give us your impressions and suggestions concerning each of the following phases of our service to you. (Use the back of this sheet if needed) :

1. Your initial telephone contact with us for an appointment;  
Could anything more have been said to lessen your fears?  
Was any inaccurate or misleading information given? Other comments.
2. Describe your transportation to and from our facility.
3. Your impression of the counselor.
4. Your impression of the doctor and the procedure itself.
5. Your impression of the time spent in recovery area.
6. Have we succeeded in helping you deal effectively with your surgical procedure?
7. Further comments or suggestions.

---

Date of appointment

---

Name of counselor

---

Name of Doctor



## PART II

Please answer these questions two weeks after your abortion, then mail both questionnaires to us.

Many of our patients come to us from distant areas of the country and it is sometimes impossible to provide follow-up examinations. We therefore desire to learn of any medical problems you may have experienced since your procedure. Only with this information can we continue to insure the high quality of medical care that we attempt to provide. Please be honest.

1. Did you follow through with the birth control method prescribed?  
☐ yes ☐ no
2. Did you take your temperature twice daily for the first five days?  
☐ yes ☐ no
3. Did you avoid intercourse for two weeks?  
☐ yes ☐ no
4. What method of birth control are you planning to use?  
☐ pills ☐ Diaphragm ☐ Other  
☐ I.U.D. ☐ Condom ☐ None  
☐ Foam ☐ Sterilization
5. What was the highest temperature you recorded?  
☐ Less than 100° ☐ 102° or higher  
☐ 100° to 100.8° ☐ Temperature not taken  
☐ 101° to 101.8°
6. How many days after the abortion was your highest temperature?  
 days
7. What were your cramps like?  
☐ None at all ☐ Almost like a normal period  
☐ Less than a normal period ☐ More than a normal period
8. If your cramps were unusually severe, please describe them;
9. How many days after the procedure did you bleed?  
 days
10. How many pads per day did you use?  
 pads per day
11. Did you telephone us about anything since the procedure?  
☐ yes ☐ no  
 If yes, please comment:
12. Did you notice any of the following:  
☐ chills ☐ discharge ☐ no period  
☐ no bleeding ☐ fever ☐ other   
☐ bleeding ☐ pain

## Part II, Continued

13. If you called, was our advice sufficient?

☐ yes ☐ no

If no, explain \_\_\_\_\_

14. Have you been in a hospital for any reason since the procedure?

☐ yes ☐ no

If yes, explain: \_\_\_\_\_

May we contact your doctor about this matter

☐ yes ☐ no

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

5. How would you describe your major emotional reaction to this procedure:

☐ relief

☐ worry

☐ guilt

☐ sense of loss

☐ happiness

☐ sense of liberation

☐ depression

6. Describe your current feelings about the procedure:

OPTIONAL:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Thank you so much for taking the time to answer this questionnaire. Remember, if we can ever be of assistance to you, do not hesitate to write or call.

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